

**SMHS Dean’s Quality Improvement Panel (DQIP) Meeting  
November 24, 2021 1:00-3:00 PM (Zoom)**

**Attending:** Steve Tinguely, Sheila Bosh, Pat Carr, Judy Solberg, Ken Ruit, Ryan Norris (MS4), Jim Porter, Bryon Grove, Marc Basson, Ken Ruit, Bryon Grove, Rick Van Eck, RaMae Harpestad (MS4) Guest

**Absent:** Joshua Wynne, Susan Zelewski

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>Call meeting to order</b>	Meeting was called to order by Dr. Stephen Tinguely, Committee Chair.	
<b>Review of Minutes</b>	Review of November 10, 2021 meeting minutes. Minutes are posted on Blackboard.	Minutes approved.
<b>ISA 2 Working Groups Update</b>	<p>RaMae Harpestad, (MS4) ISA 2 Clinical Committee Lead attended today’s meeting to provide updates on her committee’s progress. The committee has focused on 6 main areas of recommendations: 1. Diversity, Inclusion, and Cultural Competency, 2. Access to Academic Information, 3. Registration for Step 2, 4. Guidance Utility of the Epidemiology Project, 5. Equal Opportunity for Electives and Advising, 6. Basic Science Instruction and Clinical Relevance.</p> <p>For Items 1, 2, &amp; 4 there is an action plan with progress made. Item 3, Registration for Step 2 Guidance is now a resolved item. Items 5 &amp; 6 haven’t been discussed yet. They are on the next Clinical Committee meeting agenda.</p> <p>In area 1, Dr. Basson commented that our plan was to view the current diversity elective as a beta test. He asked RaMae to what extent she thought making this a required experience would address the student concerns. RaMae commented that she thought this would address the item, though since it’s an away elective, financially that could be difficult for some students. She suggested leaving it optional and adding supplemental online material.</p>	

	<p>For Area 2, Dr. Porter shared that the class of 2022 knows their ranking from Dean's letters and the class of 2023 currently in clinical rotations, has phase 1 rankings calculated. He will check to make sure they went out. There is a process in place for 2024 class to know ranking ~4-6 weeks after final Unit exams from ER are added to the calculations (end of March/mid-April 2022).</p> <p>Dr. Basson commented "there's a difference between insufficient opportunity for electives and advising and in equal or unequal opportunity for electives and advising". He asked whether it was suggested that students in addition to wanting more time are also talking about inequality. RaMae responded that her interpretation is that there is no suggestion of inequality. Ryan Norris agreed with RaMae and doesn't see this as an issue.</p> <p>In Area 6, Dr. Carr suggested waiting until we have data on the new curriculum before making any further decisions.</p> <p>The committee thanked RaMae for her work and the work of her committee members.</p>	
<p><b>ISA 2 Survey</b></p>	<p>Ryan Norris (M4) ISA 2 student lead provided updates. Survey will go out tonight. Incentives are in place. Thanks to Rick Van Eck, Susan Zelewski and Jeanette Gratton for their work. Survey will be open for 3 weeks. Hoping for 100% response rate. Ryan will send weekly emails to student body again with progress notes. Dr. Tinguely thanked Ryan for his hard work and efforts.</p> <p>Rick Van Eck commented on the survey analysis timeline. Much of the preliminary data analysis is simple. Might take time to populate tables. Identified a student who has the skills to assist and to cross reference. He plans to have the report written up before the end of the year.</p>	<p>Add to December Agenda</p>
<p><b>Element Review</b></p>	<p>7.6 Reviewed TACCT table. Steve Tinguely asked if this is complete. Rick Van Eck said there are two forms of this. "One looks at Domain level and one is very fine grained. We had a choice as to which one we want to use. The version reviewed is the fine-grained version".</p>	

Rick commented that the committee should determine if this is the right level of analysis. Ken Ruit said we can make the Excel table into a PDF or Word and put into the appendix. He suggested we check the survey team report template; if surveyor is required to duplicate, that will determine format. Consensus is that the more granular level of detail is the best. It was concluded that Rick and Pat Carr will complete this work.

8.1 “Undergraduate Medical Education Committee Governance Document.” in the DCI, we call it, “Undergraduate Medical Education Program Governance Document.” Dr. Tinguely asked if it’s committee or program documents. Pat Carr said he thinks it’s a committee document. It was concluded that we will leave as is.

8.3 Denis MacLeod (DCI Editor) commented that he doesn’t think we should use the word integrated. He asked whether incorporated could be a substitute. Rick commented that while Denis makes a good point, the author used this word choice so we might need to put in page number or in italics to denote this was taken from Brower, Ferguson. Decision to add a footnote. Bryan Grove noted a few typos in the table 8.3-1. He will forward the table with corrections to Dr. Tinguely.

9.2 Narrative c. *Where teaching of students is carried out by physicians and other health care professionals who do not hold faculty appointments at the medical school or by other members of the health care team, describe how the medical school ensures that the teaching activities of these individuals are supervised by medical school faculty members.* Marc Basson suggested we add the word assigned (in which students are *assigned* to be taught). Add *feedback of the teaching provided by the individual* in last sentence e.g., *by review of feedback about the student performance by the teacher they were assigned to follow.*

9.9 Narrative c. the dean commented on the role of the chair in making decisions. *Summarize the due process protections in place at the medical school when there is the possibility of the school’s*

	<p><i>taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal of an adverse action taken for academic or professionalism reasons (not including grade appeal), including the groups or individuals involved at each step in the process.</i> Referred to Policy 4.8 – Function of the Medical Student Academic Performance Committee makes provision for the MSAPC chair to take certain action regarding a student’s status that does not require convening the full committee for deliberation and decision. For example, the MSAPC chair may take action on student-requested leaves of absence or for placement of a medical student on academic probation or suspension where policy states that unsatisfactory performance results in automatic probation or suspension. Under these circumstances, the MSAPC chair always has the option to refer any such issue to the full MSAPC for further discussion and adjudication.</p> <p>Bryon Grove and Ken Ruit commented they agree with the Dean that we could be clearer that it’s principally the committee but under certain circumstances it’s the chair in consultation with others. The Dean also expressed concerns about our narrative regarding conflict of interest; specifically actual vs perceived. Dr. Tinguely expressed concerns about 3.3 section b. The policy states that it is the Chair who “manages” COIs. The policy does not state that the chair adjudicates or determines whether there is a COI. The policy is clear in defining COI: A personal or financial consideration that may compromise, or appear to compromise, a committee member’s professional judgment in administration, management, instruction, research or other professional activities. His concern is that the clear definition does not fit well with what is stated in section b.</p> <p>It was concluded that this be reviewed by the Bylaws Committee. If policy changes DCI may need to be revised. It was suggested that an email vote may be appropriate in the interest of time to ensure that we are able to include in the DCI what our current practice is. Dr. Tinguely will email this to the Chair of the Bylaws committee with a copy to Judy Solberg so this can be expedited.</p>	
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<p><b>Tracking Individual Professionalism and Mistreatment Over Time (Ruit)</b></p>	<p>Ken Ruit has been working on this. There are two policies, Learner Mistreatment which is a school wide policy and there's an MD program specific policy on professionalism. Policy on learner expectations is much weaker especially in how complaints are received, and records are kept. He thinks we have opportunities to tighten both up. Medical student specific policy on expectations in the learning environment can be beefed up using information from the other policy. At a previous meeting, discussed at what point we act on informal comments of unprofessional behavior. Ken noted this is a grey area because of the lack of documentation. He believes these policies need to be brought into concordance with each other. He suggests that records kept in the complaint recipients' offices might be duplicated in the Office of Faculty Affairs allowing for all appropriate parties to have access and awareness, or that we find another way to centralize this. He noted the MD program policy will be reviewed shortly by the Medical Program Policy committee. Within the next couple of months, we should be able to bring into concordance. Dr. Basson commented that in his opinion we should not document informal things. For formal things he suggests either adding the documentation to the personnel file or adding it to a secure server where it is centralized. The Bylaws committee was tasked by Faculty Council to become the policy review committee for Faculty Council. Dr. Ruit serves as one of the Co-chairs of UMEC's policy review committee and on Bylaws committee as a consultant. Dr Tinguely asked if UMEC should review the student mistreatment policy which is a school wide policy and the student mistreatment data. Ken commented that the Bylaws Committee will figure that out. It was concluded that Dr. Ruit will work to bring this forward. Noted we will need legal counsel and HR input on this, particularly in any changes of the policy substance or statement.</p>	<p>Add to December agenda</p>
<p><b>Self-Study Conclusions and Summary Report</b></p>	<p>Dr. Tinguely shared the LCME Summary Report Document and the requirements for completion. Dr. Ruit commented that the last school he reviewed organized theirs by topic areas. Dr. Tinguely asked the committee to review the document and consider the best process before the next meeting.</p>	<p>Add to December 6 agenda</p>

<b>Announcements/Next Meeting</b>	December 6, 2021	

**Submitted by Sheila Bosh, RN, Accreditation Manager**  
**Approved by Dr. Stephen Tinguely, Chief Accreditation Officer**